

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** NEW BEGINNINGS OF BARRON COUNTY INC (0009905)

**Address:** 4 CORNELL AVENUE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2003

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0095556      **End Date:** 09/08/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006432    Served 09/19/2005

Deficiencies Cited  
83.21(4)(g)

Subject Area  
FAIR TREATMENT

Compliance  
Verified

Corrected

**Survey ID:** 0095627      **End Date:** 08/26/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095475      **End Date:** 08/04/2005      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Survey ID: 0095386      End Date: 07/25/2005      Type: STANDARD      Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10006428    Served 08/02/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	08/02/2005	Yes
83.13(6)(c)	COPY OF CHECKS AVAILABLE TO DEPARTMENT	07/25/2005	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	08/23/2005	Yes
83.14(1)(b)	NEED ASSESSMENT AND ISP	08/23/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	08/23/2005	Yes
83.18(1)(d)	RESIDENT RECORD SHALL INCLUDE	08/02/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	08/02/2005	Yes
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	07/01/2005	Yes
83.35(1)(f)	FOOD GUIDE PYRAMID	08/14/2005	Yes

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**Survey ID: 0090653      End Date: 06/27/2003      Type: STANDARD      Purpose: SURVEY**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Enforcement History**

**Date: 09/16/2005      SOD #10006432      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(g)

**Date: 07/29/2005      SOD #10006428      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.11(3)(h)  
FORFEITURE---83.14(1)(a)  
FORFEITURE---83.14(1)(b)  
FORFEITURE---83.14(7)(b)

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